

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
**10689298**  
APPLICANT(S)

FILING DATE  
**10-20-03**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	16					
TOTAL CLAIMS	18					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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TOTAL CLAIMS												